

FIG. 1

ON-LINE FORM	
TYPE OF OCCASION:	<input checked="" type="checkbox"/> BIRTHDAY <input type="checkbox"/> WEDDING <input type="checkbox"/> ANNIVERSARY . . .
WHEN: START: <u>5-31, 5:00 PM</u> STOP: <u>6-1, 3:00 PM</u>	
LIST OF PARTICIPANTS:	
1. HOST NAME AND ACCESS INFORMATION	
2. CELEBRANT NAME AND ACCESS INFORMATION	
3. GROUP MEMBER 1 NAME AND ACCESS INFORMATION	
.	
.	
.	
SERVICES:	<input checked="" type="checkbox"/> CARDS <input type="checkbox"/> MUSIC <input checked="" type="checkbox"/> GIFTS → REGISTRY: GIFT 1 . GIFT 2 . .
.	.
.	.
.	<input checked="" type="checkbox"/> TELECONFERENCE: <u>5-31, 6:00 PM</u>

FIG. 2

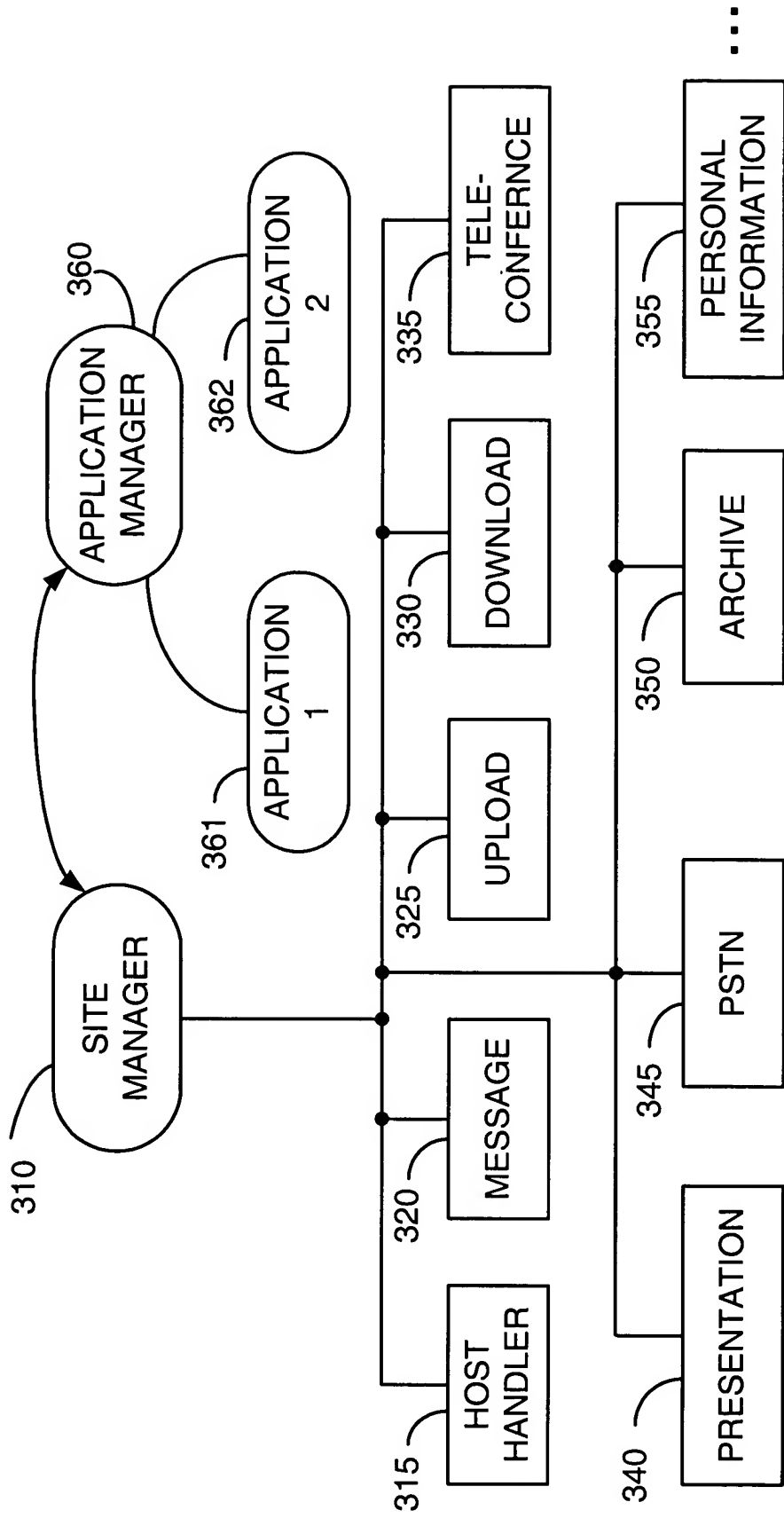


FIG. 3

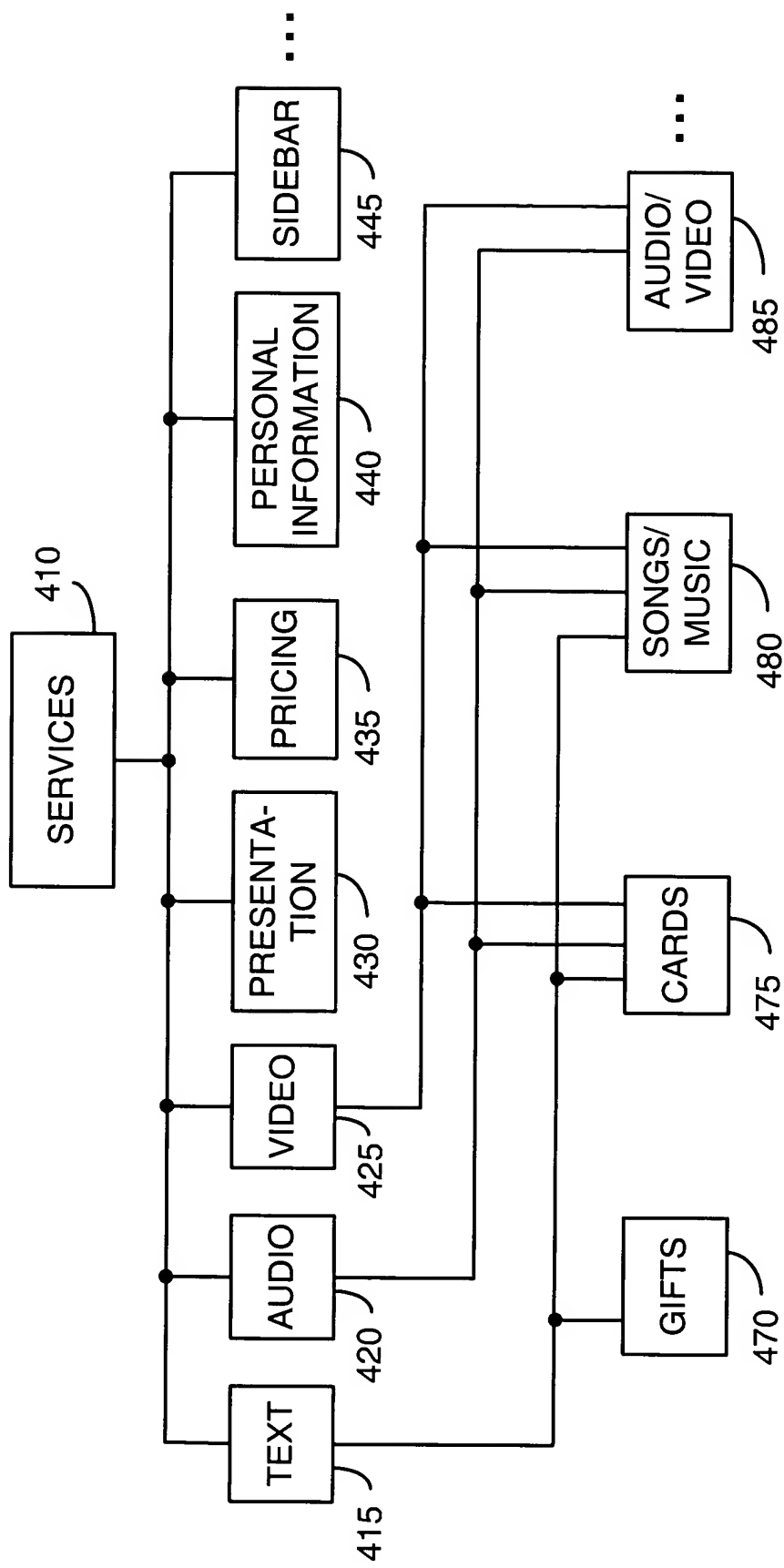


FIG. 4

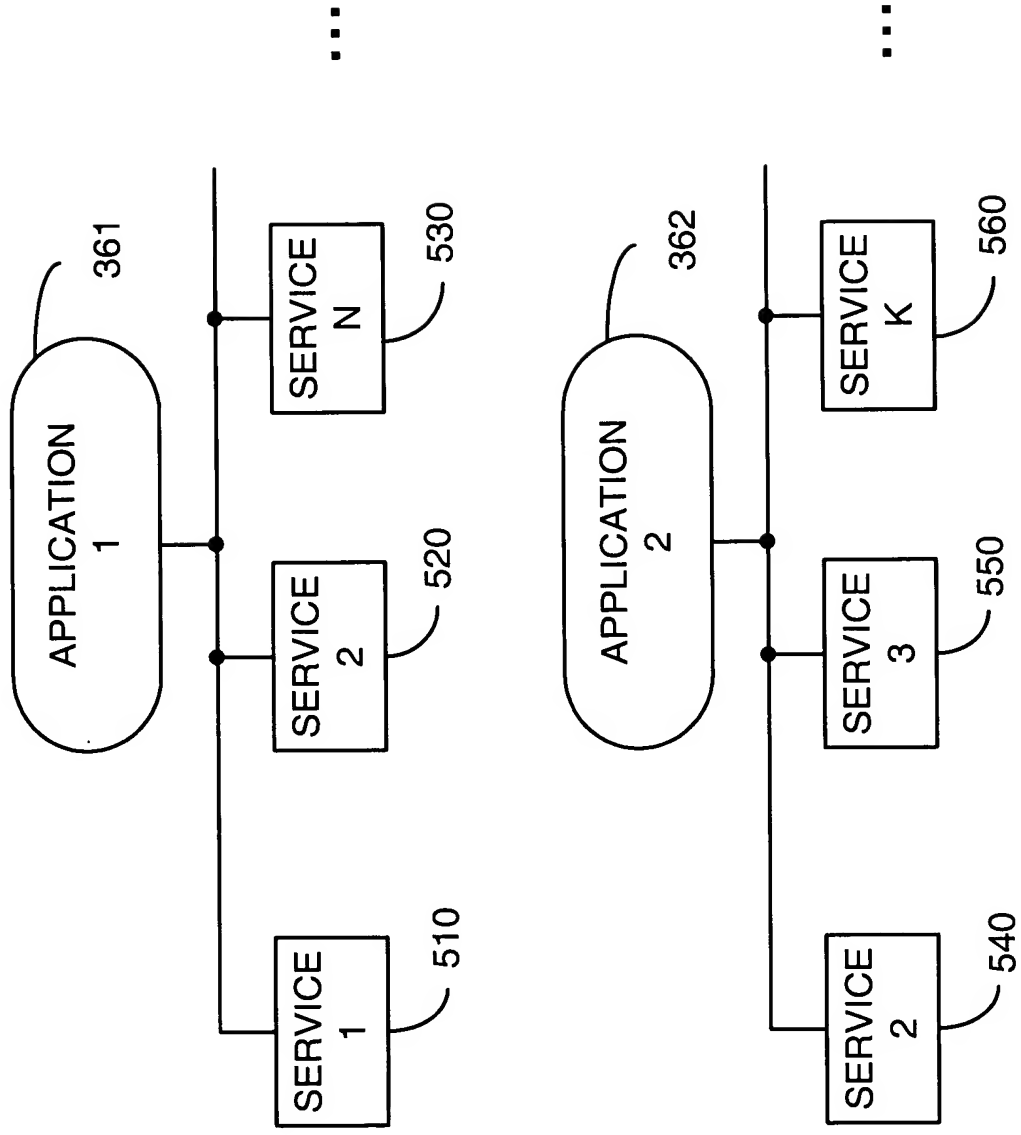


FIG. 5

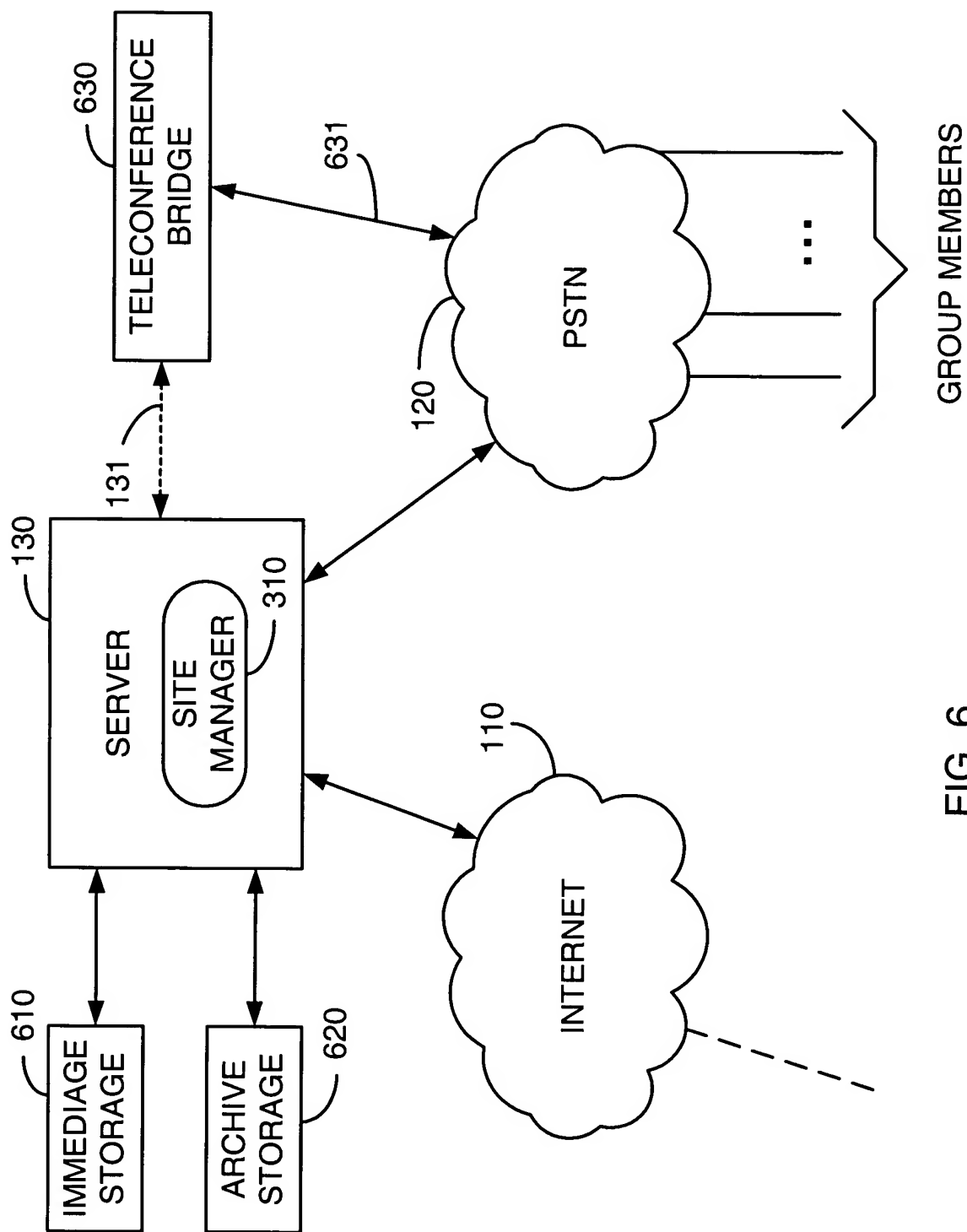


FIG. 6

700

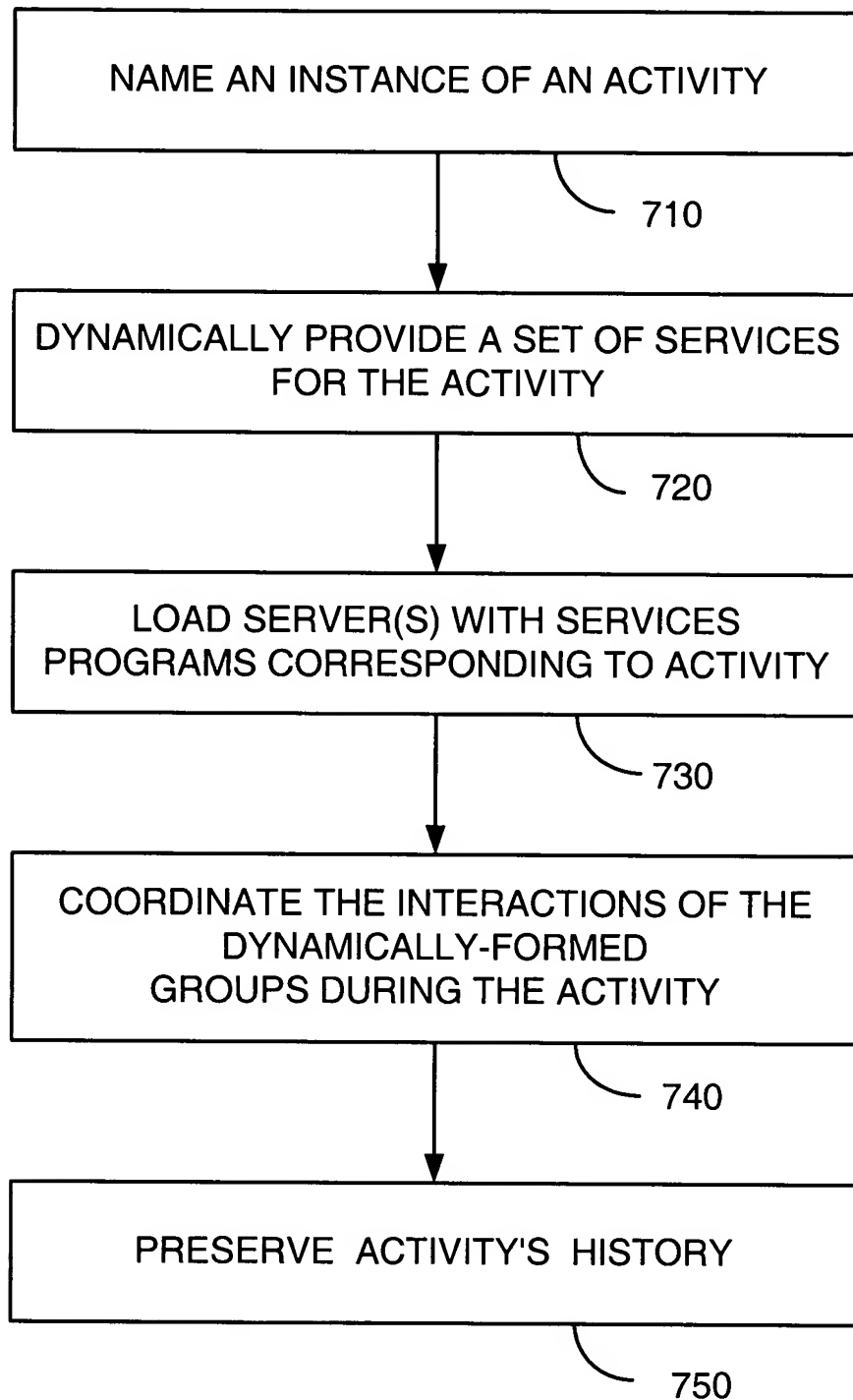


FIG. 7

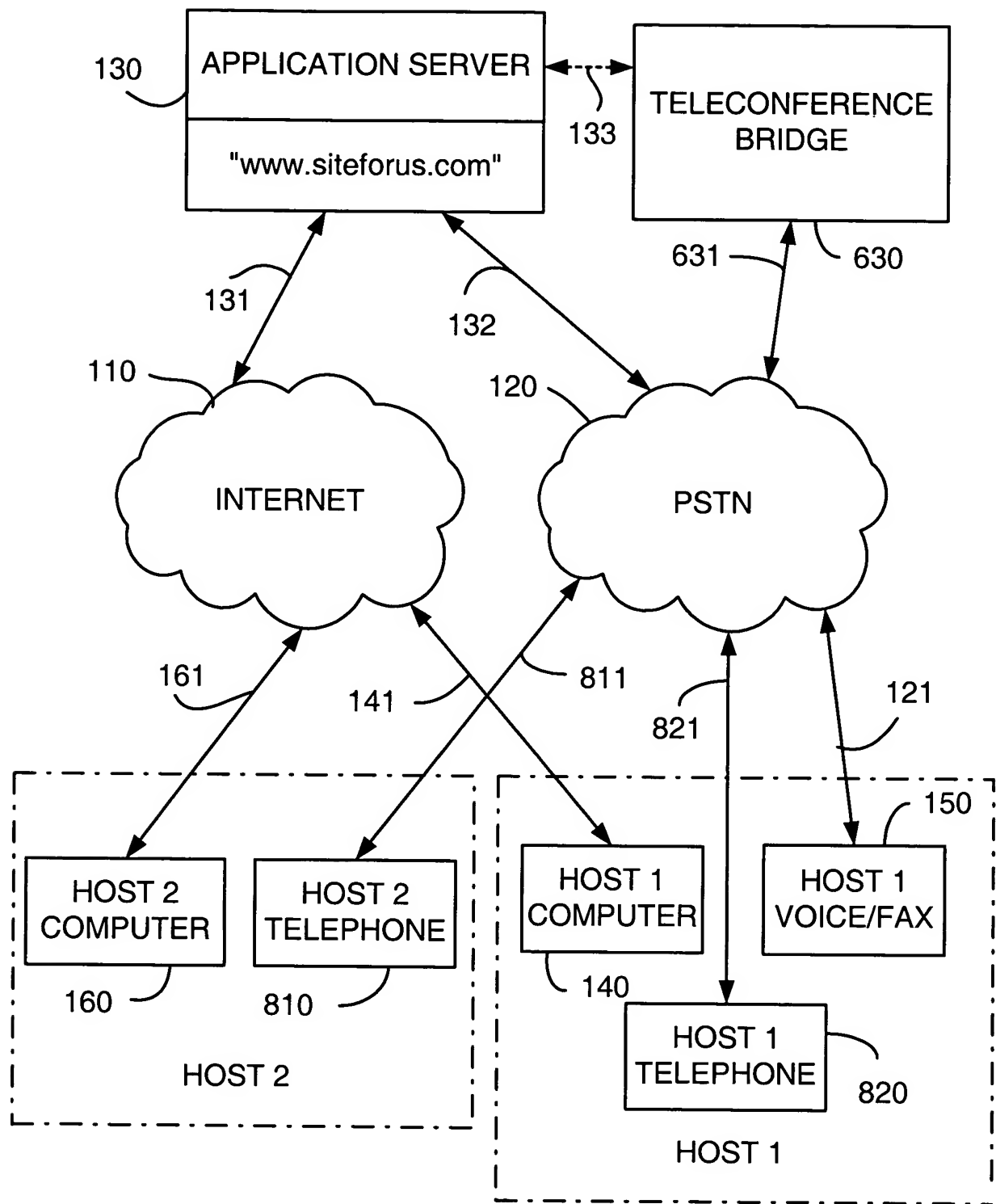


FIG. 8



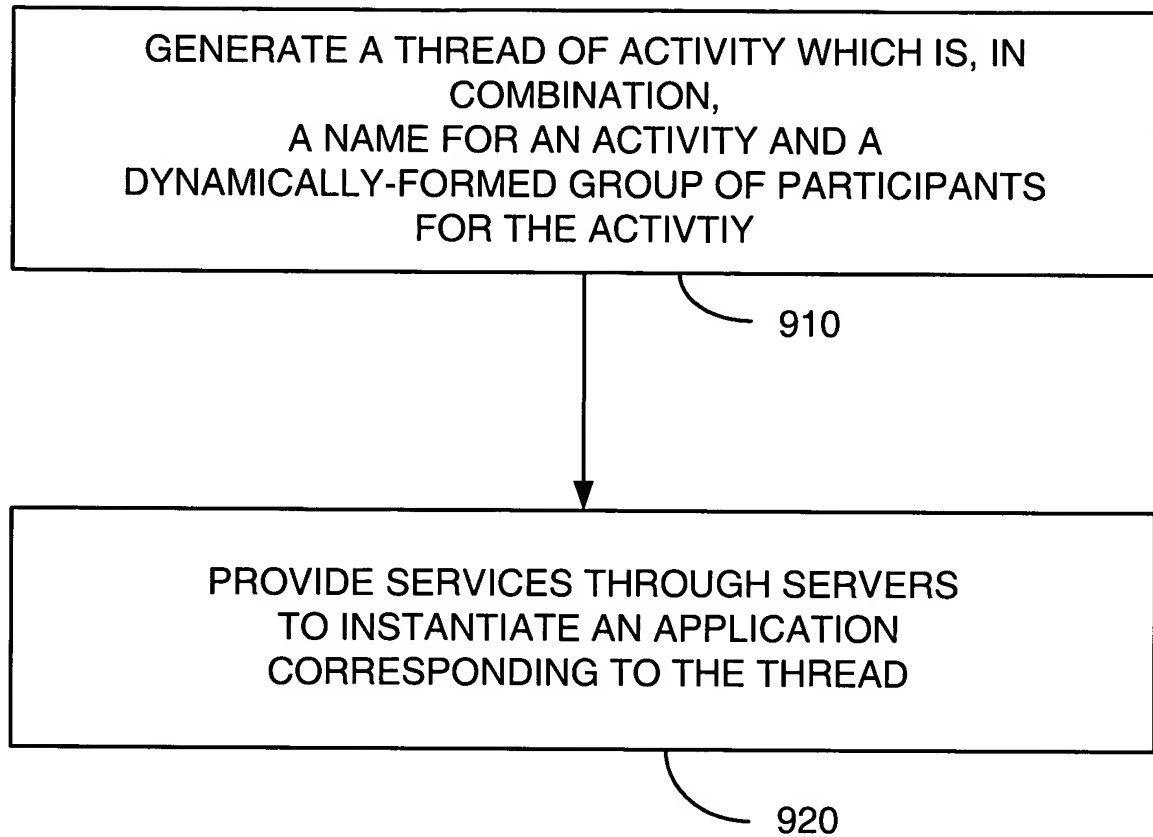


FIG. 9

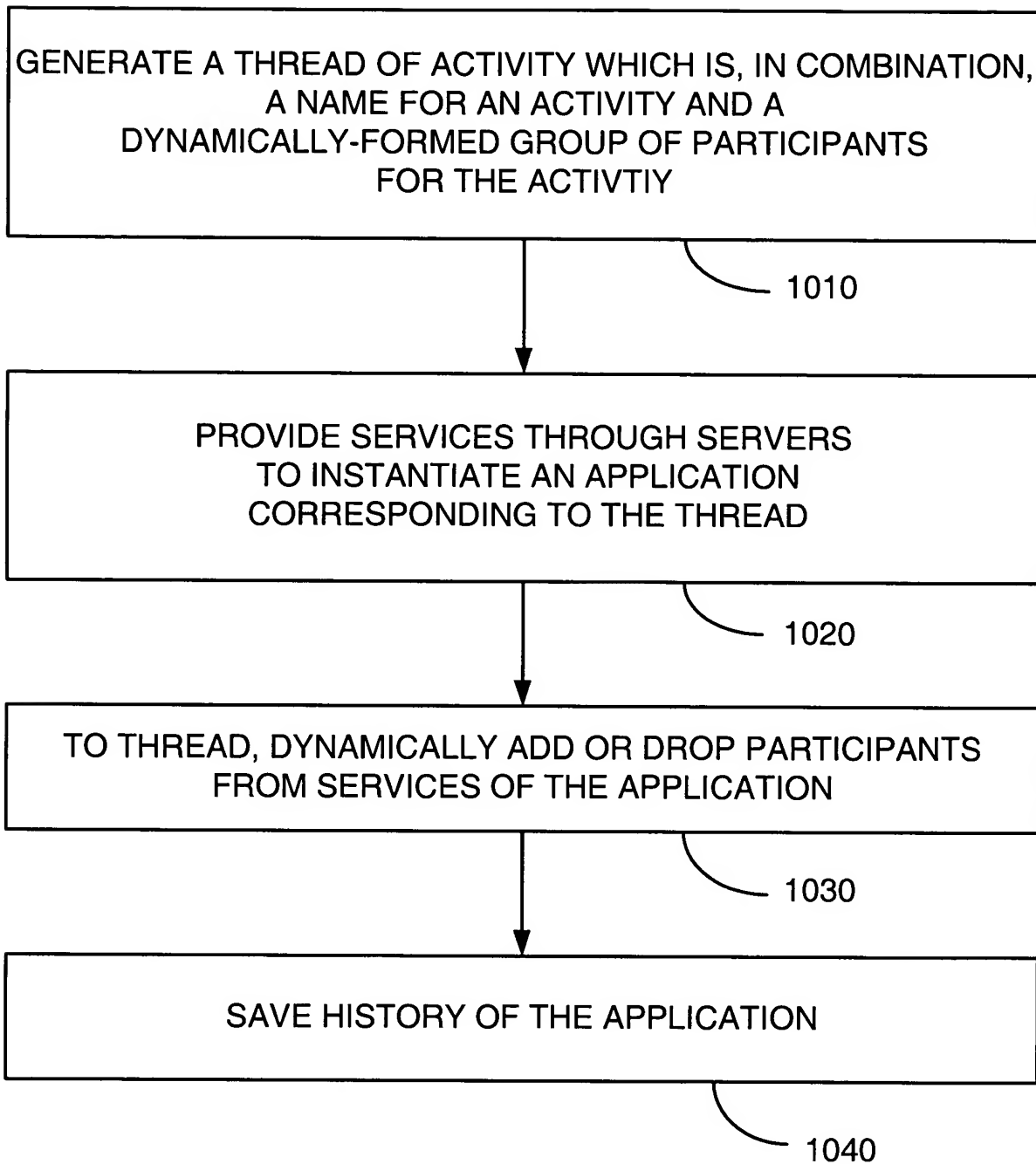


FIG. 10

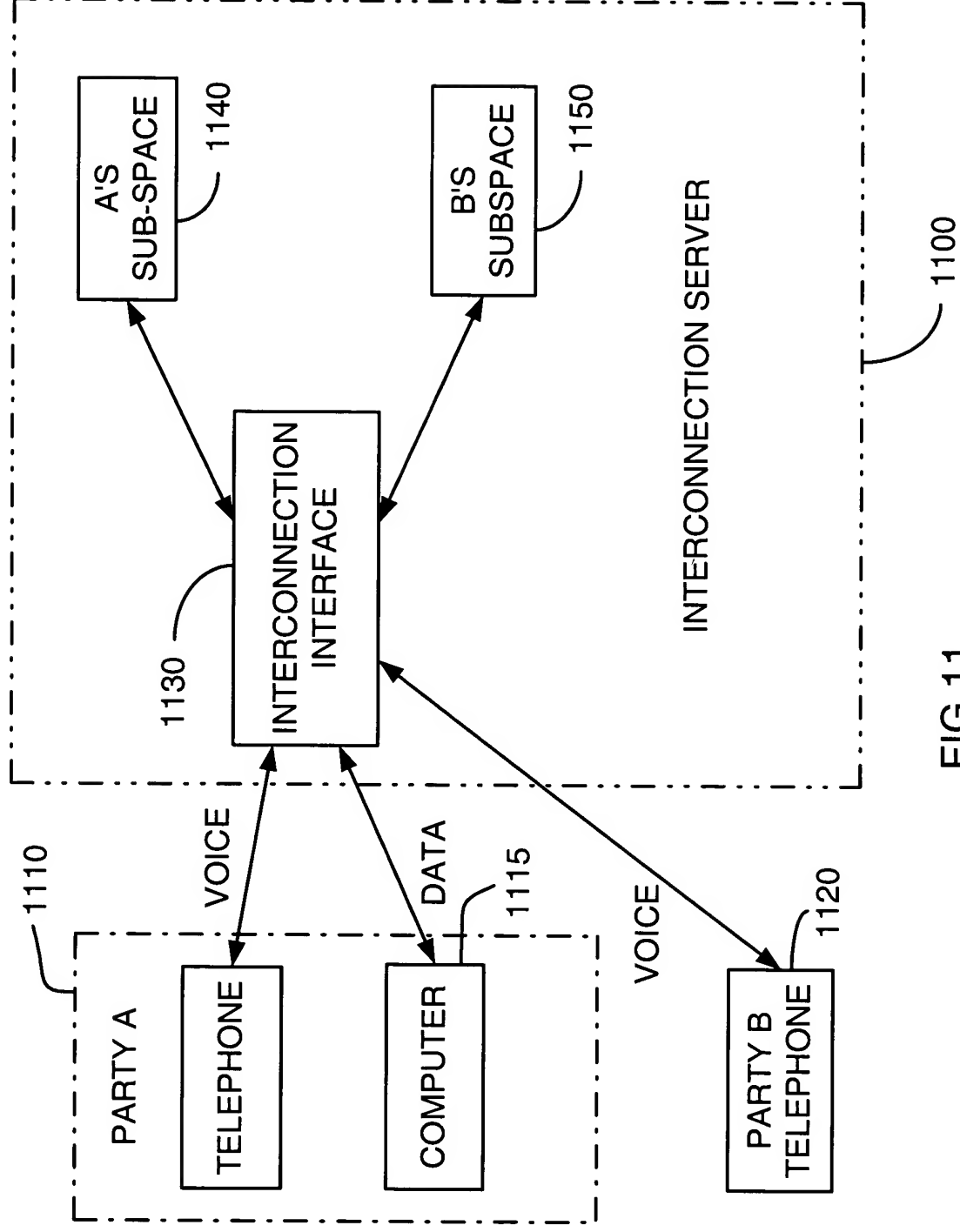


FIG.11